

# **POLICIES AND PROCEDURES MANUAL**

## **FAMILY AND JUVENILE DRUG COURT**

### **JACKSON COUNTY CIRCUIT COURT**

#### **KANSAS CITY, MISSOURI**

### How to Use this Manual

This manual was developed by the Jackson County Family and Juvenile Drug Court team in Kansas City, Missouri and is to be used as a guide for implementing and maintaining the established policies and procedures of this drug court. The process is evolving and new or revised policies will be added as recommended or necessary.

This manual starts with a program overview of the Family and Juvenile Drug Court. Thereafter, each proceeding section in the manual coordinates with specific sections of the overview and provides detailed information. Forms, contracts and rules may be modified or copied with an acknowledgement of their origination.

If you have any questions or comments, please contact the Family and Juvenile Drug Court Administrator, Penny Howell, LMSW, 625 E. 26<sup>th</sup> Street, Kansas City, MO 64108, (816) 435-4757 or fax (816) 435-4831.

# **FAMILY AND JUVENILE DRUG COURT**

## **SIXTEENTH JUDICIAL CIRCUIT JACKSON COUNTY, MISSOURI**

### **I. Introduction**

The traditional adversarial system of justice has not been totally effective in addressing alcohol and other drugs of abuse. Traditional prosecutorial and defense functions, coupled with standard court procedures, often reinforce the offender's denial of a substance abuse problem. In addition, the traditional dependency court system of case review occurs with less frequency. The intensity and collaborative nature of the Family Drug Court Model is described as follows.

The Family Drug Court model transforms the roles of both the criminal justice/juvenile justice practitioners and the substance abuse treatment providers. The judge is the central figure in the team effort focusing on sobriety, lawful behavior, and accountability as the primary goals. As a result, the judge takes on a major role--keeping clients engaged in treatment. Providers can then focus effectively on developing a therapeutic relationship with the client. Finally, the treatment providers keep the court informed of each client's progress so that incentives and sanctions can be provided.

The Family Drug Court creates an environment with clear and concise rules. Each clients' performance is immediately and directly communicated to the judge who, in turn, provides incentives for progress or applies sanctions for noncompliance. The Family Drug Court establishes an environment the client understands; a system in which clear choices are presented and individuals are encouraged to take control of their own abstinence and recovery.

The Family Drug Court operates a coordinated, systemic approach to the substance abuser via comprehensive and inclusive planning; including an avenue for data collection and program evaluation.

### **II. Mission and Goals**

#### **Mission:**

To provide judicially managed community-based services, close supervision and specialized treatment to parents and juveniles whose substance abuse places their children or themselves at risk of substantially increased intervention by the justice system.

#### **Goals:**

To stop substance abuse by parents which threatens the safety and permanency of their dependent children.

To stop substance abuse by delinquent juveniles or that of their parents which places the juveniles at risk of further delinquent behavior.

### **III. Eligible Cases**

#### **A. Child Dependency and Child Endangerment/Criminal Cases**

Cases assigned to the Family Drug Court may consist of:

##### **1) Child Dependency (Abuse/Neglect Civil Cases)**

Any case filed pursuant to child abuse/neglect statutes wherein parental substance is the primary or underlying cause for the neglect or abuse of the child.

##### **2) Child Endangerment/Criminal Cases (Diversion)**

Criminally-filed child endangerment cases in which the defendant/mother has had at least one drug-exposed child with a second or subsequent infant born with the mother or baby testing positive for any abused substance at the child's birth, or;

A criminal defendant eligible for the Adult Drug Court who also has a child(ren) who is the subject of a dependency proceeding in the Family Court.

#### **B. Delinquency Cases**

##### **1) Juvenile Delinquency Cases**

Youth presently placed on probation whose continuing substance abuse causes behavior that will prevent compliance with any or all of the terms of the probation rules.

##### **2) Parental Substance Abuse**

Delinquent cases in which parental substance abuse is a primary factor in the inability to return a juvenile to parental custody or to successfully maintain the juvenile on probation.

### **IV. Methodology**

#### **Family Drug Court Treatment Team**

The Family Drug Court consists of two teams. In common with both teams is a core group consisting of the Family Drug Court Commissioner, Family Drug Court Administrator, Attorney for the Juvenile Officer, Defense Attorney, Treatment Providers, Social Service Providers, family members and interested parties.

***Specific to Abuse/Neglect and Child Endangerment cases:*** The team also includes the Adult Prosecutor, Guardian Ad Litem as well as the Division of Family Services Family Drug Court Case Manager.

***Specific to Delinquency cases:*** The team also includes the Public Defender, Anti-Drug Deputy Juvenile Officer and the youth's parent(s).

## **V. Key Components:**

### **A. Integration of substance abuse treatment services with justice case processing.**

The multi-phased treatment process includes a collaborative team-approach which involves the above-listed teams and may additionally include state and local level organizations representing substance abuse services, vocational rehabilitation, education, housing, and utility providers all having important roles to play.

### **B. Use a non-adversarial approach. Prosecution and defense counsel promote public safety while protecting clients' due process rights.**

The prosecutors and the defense attorneys participate in the screening, eligibility, and case processing to guarantee that due process rights and public safety needs are served.

***“Prosecuting attorney”*** Attorney for the Juvenile Officer reviews the case and determines client's initial eligibility for the program. In addition, recommendations regarding the client's performance in treatment rather than legal aspects of the case are made.

***“Defense counsel”*** Reviews the charges, arrest warrant, affidavits, other relevant information, and reviews all program documents (e.g., waivers, written agreements etc.). Advises the client as to the nature and purpose of the Family Drug Court, the rules, incentives and sanctions governing participation, and further informs the client that s/he is expected to speak directly to the judiciary, not through their attorney.

### **C. Eligible clients are identified early and promptly placed in the family drug court.**

The period immediately after charges are filed provides a critical window of opportunity for intervention by introducing the value of substance abuse treatment. Judicial action promptly after filing capitalizes on the crisis nature of having charges filed. It is critical that the referral to the Family Drug Court be immediately followed by a court appearance in order for the intervention to become effective.

- Eligibility screening is based on established written criteria.
- Eligible clients for drug court are promptly advised about the drug court program requirements and the relative merits of participating.
- Trained professionals screen drug court eligible individuals for substance abuse problems and appropriateness for treatment.
- Initial appearance before the drug court judiciary occurs immediately after referral to ensure program participation.
- Eligible clients are immediately enrolled in substance abuse treatment services.

**D. Provides access to a continuum of substance abuse and other related treatment and rehabilitation services.**

- Substance abuse problems are complex and unique to each individual and influenced by a variety of accumulated bio-psycho-socio-cultural experiences. This model uses a holistic approach to the client and family treatment plan strategies, which incorporate medical and mental health, housing, vocational, family, and legal issues.
- Clients are initially screened and re-assessed by both the Family Drug Court and treatment providers.
- Treatment services are comprehensive and provide: Individual and Group Counseling, Relapse Prevention, Self-Help Groups, Preventive and Primary Medical Care, General Health and Nutrition Education, Parenting Skills, Domestic Violence Education including Treatment for Batterers and treatment for long-term effects of childhood physical and sexual abuse.
- Case Management services are provided so an uninterrupted continuum of care and monitoring of client progress occurs.
- Treatment services are accessible.
- Funding for treatment services is adequate, stable, and dedicated to the Family Drug Court clients.
- Treatment services have quality controls.
- Treatment service providers are accountable.
- Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity and sexual orientation.

**E. Frequent urinalysis testing monitors abstinence.**

Urinalysis testing is essential in monitoring client compliance. It is an accurate, cost-effective, objective and efficient way to establish a framework for accountability and to gauge each client's progress.

**F. A coordinated strategy governs Family Drug Court responses to clients' compliance.**

- Abstinence from substance abuse and related criminal activity are the ultimate goals of the Family Drug Court.
- Continuing substance abuse is not condoned, although it is recognized that relapse is a part of the recovery process. Sanctions are imposed for continued substance abuse and increase in severity for continued non-compliance.
- Incentives for cooperation and abstinence are equally important and are structured into the system of responses. Graduation ceremonies will also take place upon completion of the program.

**G. Ongoing judicial interaction with each client is essential.**

The judiciary is the leader of the Family Drug Court team, linking clients to substance abuse treatment and to the justice system.

- Regular status hearings are used to monitor client performance.
- Appropriate incentives and sanctions are applied to match the clients' treatment progress.

- Payment of fees, fines and/or restitution, may be part of the clients' treatment.

**H. Monitor and evaluate the achievement of program goals and gauge effectiveness.**

Data collection is automated and designed to monitor daily activities, evaluate the quality of services provided and produce outcome evaluations.

**I. Continuing interdisciplinary education promotes effective family drug court planning, implementation and operations.**

The Family Drug Court provides and makes accessible education and training to ensure the drug courts' goals and objectives are understood by the drug court team, and by those indirectly involved in the program.

**J. Collaboration among the Family Drug Court, public agencies, and community-based organizations generate local support and enhances Family Drug Court effectiveness.**

The Family Drug Court, as part of the justice system, has developed collaborations among private and public community-based organizations, public criminal justice agencies, law enforcement, and substance abuse treatment delivery systems. Forming such collaborations has expanded the continuum of services available to Family Drug Court clients and informed the community about the Family Drug Court concepts.

*The Family Drug Court model has been developed and implemented by team effort, and under the direction of the Juvenile Officer/Family Court Administrator of the 16<sup>th</sup> Judicial Circuit in Missouri. To obtain information about the development process, implementation or operation of the Family and Juvenile Drug Court, you may contact any of the following people:*

The Honorable Molly M. Merrigan  
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## CHILD DEPENDENCY AND CHILD ENDANGERMENT/CRIMINAL CASES

### Screening and Eligibility

**Screening Process**—The process of cases will begin at three possible points of intervention.

- 1) **Newborn Crisis Assessments**—A medical social worker, nurse or physician activates a Newborn Crisis Assessment (NCA) request by calling the State of Missouri Child Abuse Hotline when an infant tests positive for an illicit drug at delivery, a mother tests positive for an illicit drug at delivery or a physician has reason to believe there are serious risk concerns for the infant due to illicit drug use by a parent. This assessment request is treated in an emergent manner and response is timely. The average assessment is completed within 24 – 36 hours after delivery of the infant. The Newborn Crisis (NC) team consists of two Division of Family Services workers. The infant is not released from the hospital until the written assessment has been reviewed as described below. The assessment tool is a local document. The assessment tool addresses the following: family composition, prenatal care, paternity, pregnancy complications, physical, emotional and intellectual functioning of the parent(s), attachment and bonding, parenting skills and sibling assessment, prior history of abuse and neglect, planning/preparation for the infant's birth/hospital discharge, behavior associated with drug and alcohol use, criminal history (e.g., a criminal background check is run on all adults residing in the home over the age of 18), mother and infant's toxicology at birth, infant's withdrawal signs or medical complications, special health care needs of the infant, family supports, condition of the home, history of domestic violence, other concerns/strengths, safety plan and a recommendation for disposition/placement. The assessor often has facilitated an assessment appointment for the potential client at a treatment facility prior to discharge from the hospital.

The completed assessment is faxed to the Child Protection Attorney (CPA) at Family Court for review regarding statutory requirements. The eligibility screening consists of three steps: presumptive qualifying characteristics, clinical guidelines and disqualifying characteristics. The CPA gives the information to the Drug Court Administrator of the Family and Juvenile Drug Court (FJDC) for clinical review if the family is eligible for consideration. The review by the CPA averages four to six hours. The review by the Drug Court Administrator (DCA) averages one to three hours. If this review is in agreement (and if there is available space), the case is put on the docket for the initial detention hearing. A petition (and temporary custody disposition) is completed and filed. The hearing is scheduled to occur within seven to ten days. A case manager and attorney are assigned. Other procedures (e.g., 72-hour meeting for children placed in protective custody outside the home) are scheduled and appropriate parties are notified.

- 2) **Other Child Dependency Cases**—If a Hotline call alleges parental substance abuse or neglect due to parental substance abuse, and the family requires Court intervention, the Division of Family Services (DFS) will forward a Protective Custody Assessment to the CPA. The case must meet the requirements of Section 211.031.1 RSMo. The procedures for reviewing assessments as outlined above will be activated.
- 3) **Criminal Cases**—Child endangerment charges will be filed in cases of a second or more drug exposed infants. When a NCA is completed on a mother with a second or more drug exposed infant, the case will be referred to the Sex Crimes Unit of the Kansas City, Missouri, Police Department or to



the corresponding unit of the agency in the municipality where the child was born. A detective will be assigned to the case and will conduct an investigation. The detective will refer the case to the Sex Crimes Unit of the Jackson County Prosecutor's Office. This unit will transfer the case to the Administrator of the Diversion Programs/Assistant Prosecutor who will review the case and file charges if the mother has qualified and has been accepted into the FJDC. The attorney for the Juvenile Officer assigned to the FJDC will send photocopies of the initial FJDC eligibility screening form to the Administrator of the Diversion Programs/Assistant prosecutor.

If the mother is not eligible for the FJDC, the Administrator of the Diversion Programs/Assistant Prosecutor will refer the case back to the Sex Crimes Unit of the Jackson County Prosecutor's Office for review and possible filing of criminal charges.

### **Procedures for cases transferred to the Family Court Division:**

**Filing:** The prosecutor's office will hand carry all complaints to Criminal Records for filing. A designated worker in Criminal Records will handle all of the complaints. The prosecutor's office will send a file-stamped courtesy copy to:

Family and Juvenile Drug Court Staff Attorney  
625 E. 26<sup>th</sup> Street  
Kansas City, MO 64108

**Summons:** A summons will be issued on all cases. Criminal Records will contact the judicial assistant for Division 44 and obtain the initial appearance date. The address to be used is:

Courtroom D  
Division 44  
Family Justice Center  
625 E. 26<sup>th</sup> Street  
Kansas City, MO 64108

**Transfer to Family Court Division:** After the criminal case file is prepared and summons issued, Criminal Records will forward the file by courier to:

Judicial Records  
Family Justice Center

Criminal Records will place the case on inactive status and will assign the Case to Division 44.

**Initial Appearance Docketing:** Judicial Records will log the file on a separate list and determine the initial appearance date from the file. The files will remain with Judicial Records until the Friday before each initial appearance day when Judicial Records will prepare a docket listing of all cases and forward the files to Division 44. A copy of the docket will also go to the attorney for the Juvenile Officer.

**Initial Appearance:** The Commissioner assigned to the Family and Juvenile Drug Court program presides over the initial appearance dockets and then will set the preliminary hearing for Division 44 and formal arraignment hearing for the next week.

**Warrants:** If the defendant fails to appear at any hearing, the Administrative Judge at the Family Court may issue a warrant for failure to appear. The warrant will have the Family Court's address on the return so the defendant is brought before Division 44 when the defendant is held on the warrant.

If the defendant does not post bond, county corrections officers will bring the defendants to the Family Justice Center the next working day after being transferred to the jail on the warrant for the initial appearance hearing. The Commissioner will inform the defendant of the charges, the bond amount, and set the preliminary/formal arraignment for the next week.

If the defendant posts bond on the warrant, the county jail officials will give the defendant a court date to appear before Division 44 in three working days at 9:00 AM.

Criminal Records will process the bond and will set aside the paperwork on the return of the warrant and the posting of the bond to be delivered to the Family Justice Center by courier.

**Preliminary Hearing/Arraignment into Circuit Court:** The Commissioner of the FJDC will handle the waiver of preliminary hearing. The attorney for the Juvenile Officer will appear on behalf of the Jackson County Prosecuting Attorney for the waiver of the preliminary hearing and formal arraignment into circuit court. The Director of Legal Services and his or her designees will be appointed as special prosecutor for the limited purposes of these hearings. Pro bono attorneys will be appointed to represent the defendant for the limited purpose of advising the defendant of the nature of the Family Drug Court program and to discuss the waiver of the preliminary hearing and formal arraignment.

The Administrative Judge of the Family Court will handle the formal arraignment into circuit court. The Judge will give the defendant the next court date before Division 44 and will enter an arraignment and pre-trial order. Copies of the order shall be distributed to the Jackson County Prosecutor's office, the attorney for the Juvenile Officer, the Family and Juvenile Drug Court program coordinator, the Public Defender's Office, and the appointed pro bono attorney.

If the defendant fails to appear at the preliminary hearing/arraignment hearing, the Judge may issue a warrant. The procedures above for warrants will be followed.

**Terminations from the Program:** If a defendant is unsuccessfully terminated from the Family Drug Court program, the Commissioner will transfer the case to Criminal A for assignment to a trial division and appointment of counsel.

The Division 44 clerk shall send a copy of the order to:

The attorney for the Juvenile Officer  
 The Public Defender's Office  
 The Chief Trial Assistant for the Prosecutor's Office  
 The pro bono attorney  
 The Family and Juvenile Drug Court program coordinator

The judge's clerk will return the file to a designated employee in Judicial Records who will log it out and return the file to Criminal Records for forwarding to the Criminal A judge for assignment to a trial division.

**Completion of the Program:** The attorney for the Juvenile Officer will send a list of the clients to be graduated to the Prosecutor's Office and to the Public Defender's Office at least two weeks in advance of the graduation.

The Prosecutor's Office will file a dismissal of the charges. After the charges are dismissed, the file shall be returned to the designated employee in Judicial Records who will log the file out and return it to Criminal Records.

**Eligibility**—There are two phases of eligibility: Program and Clinical.

**Program eligibility:** A participant must meet the following criteria:

- Participant must be 16 years of age or older.
- Participant must be a resident of Jackson County, MO.
- Participant is the primary caregiver of a child younger than 12 years of age.
- Participant has no prior hotline reports for felony child abuse.
- Participant has no prior conviction for murder, first or second degree, manslaughter, voluntary or involuntary, sexual offenses such as rape, sodomy, child sexual abuse, arson first degree, robbery first degree.
- Participant does not have more than three substantiated hotlines for neglect.

**Clinical eligibility:** A participant should meet the following criteria:

- No significant mental health disorders which would make it difficult to engage in treatment (e.g., paranoid schizophrenic and a history of chronic noncompliance with medication).
- No significant mental retardation which would make it difficult to engage in treatment.
- No chronic or terminal medical conditions requiring extensive medical treatment.
- No more than five treatment attempts within the last twenty-four months.
- No violent behavior.

**Case Processing**—The following persons will be given a copy of the referral and petition:

**Office of the Guardian Ad Litem**

The GAL will be apprised of any significant medical, physical or emotional needs of the child(ren) in question. The GAL will be notified of any changes in the condition of said child(ren). The GAL will make every effort to attend any special meetings relating to the child(ren).

**Family Centered Services/Alternative Care Worker**

The caseload of each Family Centered Services Case Manager (FCS-CM) will average 10 - 15 family cases per worker. The Alternative Care Worker Case Manager (ACW-CM) will carry not more than 15 children on their individual workload in accordance with Consent Decree requirements. . The assigned CMs will make contact with the participant by telephone, and preferably in person, within three days of case assignment. As previously stated in the section on Screening, once the assessment is received at

Family Court, the review and ultimate decision is completed with one working day. The CMs will confer with any community person working with the family (e.g., Team for Infants Endangered by Substance Abuse a/k/a TIES, Community Support Worker (CSW) from any treatment center, etc.) The CMs will attend the 72-hour meeting if children are in alternative care. The CMs will insure the participant has received the Participant Packet at the detention hearing. The CMs will make a home visit on a monthly basis, be available by pager and telephone on a daily basis, and respond to emergency situations in a timely fashion. The CMs will confer with the participant before and/or after each Court staffing. If the participant fails to appear for treatment or Court, the CMs will attempt a home visit the day of the absence.

DFS will continue to case manage those cases approved for FJDC when assigned CMs' caseloads are full. A form has been developed to assist the non-Drug Court CMs in reporting information. A log has been developed and will be maintained by the Drug Court Administrator regarding pending cases. This log will track how long the case has been case managed by the DFS CM, the type of case (Legal Status 1 or Legal Status 3), and date transferred to the Drug Court CM.

The Division of Family Services has assigned a Drug Court Liaison who will assist the Drug Court Administrator in the completion of required paperwork for accessing services and co-supervise the case management activities of the CMs staff. The Liaison and the Drug Court Administrator will communicate frequently and collaborate on the completion of administrative DFS functions pertaining to FJDC.

### **Defense Attorney**

The assigned attorney will make contact as soon as possible after case assignment, either by telephone or in person, not to exceed seven days after case assignment. The attorney will answer questions about the legal process and case progress in a timely fashion. The attorney will keep the case manager informed of participant address or telephone changes. The assigned attorney will review the client packet with the client. The defense attorney will insure that treatment releases of information are signed. Currently there are four defense attorneys who provide pro bono legal services for FJDC clients. If a participant should choose to hire private counsel, the attorney shall enter a record of appearance and follow the established protocol of the FJDC team when reviews are held.

### **TREATMENT**

Referral to an accredited treatment facility will be actively pursued prior to the detention hearing. The participant will sign a release of information for the FJDC team to receive and exchange information relating to the initial assessment and any contact thereafter, including urinalysis reports. The participant will attend any and all assessments, in or out patient programs, and any outside meetings as ordered. The FJDC will consider the participant's level of cooperation, history of usage and geographic location of residence if a request for a change in treatment location is raised. The primary treatment resource of the FJDC is North Star Research Recovery, Inc. This or any other treatment facility will develop a substance abuse treatment plan, subject to the acceptance of it by the FJDC team. The treatment facility will keep the FJDC informed of the participant's progress or lack thereof, which will include attendance, level of cooperation, results of urinalysis and any concerns regarding parenting or the welfare of any children in the custody of participant. The primary treatment center will provide a designated worker who routinely participates in the FJDC staffings. This worker or the agency's staff will be familiar with the participants' progress in treatment and also will notify the Program Manager and/or the case manager(s) of any significant issues outside of the regularly scheduled Court hearings.

The participants may be participating in various levels of treatment if the facility is a Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) program. The provision of childcare and therapeutic interventions/activities for children, in addition to treatment for the mother, is part of the services provided. The levels of treatment below identify the suggested choices based on the provider assessment and/or the recommendation of the FJDC team.

**Level I Residential Treatment.** Client needs continuous structure, supervision and treatment to achieve and maintain sobriety or access to outpatient primary treatment on a nonresidential basis is not available due to distance and lack of transportation. Client meets all criteria for Level I Outpatient Primary Treatment admission and the following conditions:

- A current living environment which places the client in imminent danger and precludes the client's ability to participate in and benefit from Primary Outpatient Treatment.
- An immediate need for twenty-four (24) hour supervision, structure, and support related to the client's current emotional and behavioral status.
- A current demonstrated inability to significantly reduce and alter substance use patterns despite regular participation in nonresidential primary treatment.
- Access to Primary Treatment on a nonresidential basis is not available due to distance and/or a lack of transportation.

**Level I Outpatient Primary Treatment**—Client needs daily or almost daily structure, supervision, and treatment to achieve and maintain sobriety. Specifically, admission shall be based on:

- Evidence client cannot control chemical use without close monitoring and structured support.
- Need for daily or almost daily treatment services.

**Level II Outpatient/Rehabilitation Treatment**—Client is not in crisis but needs active participation in rehabilitation program to initiate or sustain recovery. Specifically, admission shall be based on:

- Ability to limit substance use and remain abstinent without close monitoring and structured support.
- Absence of a crisis that cannot be resolved by community support services.
- Evidence of willingness to participate in the program, keep appointments, participate in self-help, and
- Willingness, as clinically appropriate, to involve significant others in the treatment program, such as family, employer, parole officer, etc.

**Level III Outpatient/Supported Recovery Services**—Client has support system for recovery or has completed Level I or Level II treatment. Specifically, admission shall be used on:

- Abuse diagnosis or dependence diagnosis in remission.
- Evidence of a desire to participate fully in the treatment regimen and maintain a drug-free lifestyle.
- Adequacy of resources to support self in the community.
- Absence of a crisis that cannot be resolved by community support services.
- Lack of a need for intensive or structured treatment.
- Involvement in the community, such as family, church, employer, and
- Presence of an appropriate substance-free support structure in the community.

**Clinical review process**--CSTAR clients who do not meet initial admission criteria for a particular level of care but wish to participate in a particular level due to individual circumstances shall be reviewed by the program manager and if approved, their request sent to clinical review for final approval.

An aftercare plan is an integral part of the treatment process. The decision to release the client from FJDC is based on the establishment of aftercare and indicators the client is in compliance.

## **URINALYSIS**

The FJDC will follow the established protocols of the Family Court regarding urinalysis. Physician's Reference Laboratory primarily will conduct analysis on collected urine specimens.

Participants tested will be judicially ordered to submit urine specimens at various times throughout the process. These are ordered randomly. Frequency is directly correlated to consistent treatment attendance, noted changes in affect and physical appearance, and level of cooperation. The usual schedule is a baseline specimen upon entry into the program. Thereafter, each case is individually assessed to determine the need for analysis, following the guidelines of a level system, which is addressed in another section. For example, if a marijuana user has tested negative for four consecutive analysis and is cooperating with the case plan (e.g., attending treatment, coming to court reviews etc.), testing would occur at least monthly. Conversely, if a participant inconsistently attends treatment, misses court reviews and or avoids contact with case manager, testing will be increased.

Positive analysis will result in a revised treatment plan which may include residential treatment, intensive out-patient, 90 meetings in 90 days, or other actions deemed appropriate by the Judiciary or a consensus of the team.

Processing and collection of the analysis must follow procedures, which establish a proper "Chain of Custody." Chain of Custody is defined as the "one who offers evidence in Court must be able to account for the custody of the specimen from the moment it is obtained to the time it is presented as evidence in Court."

Judicial order must be in effect. Collection is done in private on site, at home, school or employment by a same gender CM/ACW or other Court personnel. Direct observation will be utilized. The "Corrections Drug Testing Custody and Control Form" (see Appendix), U.A. specimen kit, latex gloves and bluing solution (if needed) will be placed in an opaque bag. It is recommended the form be partially filled out prior to the collection in order to avoid mistakes. The following procedures are to be followed **precisely**:

Positive identification of the participant.  
Correct completion of the Corrections etc. form:

- Section I.     **AGENCY:** Already completed.
- Section II.    **TEST:** Check DP9AE+(TCAOPBZMXE) Bundled
- Section III.   **DONOR INFORMATION:** add LIFE #, check DOES NOT APPLY, indicate Date.
- Section IV.    **COLLECTION INFORMATION:** complete WAS COLLECTION OBSERVED?, indicate all Medications (prescription or over the counter) at MISC. COLLECTOR COMMENT, complete COLLECTION LOCATION.

Section V. **COLLECTOR'S CERTIFICATION STATEMENT AND CHAIN OF CUSTODY:**  
Sign and print collector's name and date.

**BOTTLE CUSTODY SEAL:** Indicate DONOR LIFE#, DATE, DONOR'S INITIALS.

- Participant must remove any outer garments (e.g., coats, and jackets) and place purses, diaper bags, or other items directly outside the toilet area.
- Pockets must be emptied and at the discretion of the collector, a pat search may be initiated.
- Pant legs or skirts may be lifted to verify there are no hidden containers of adulterated urine at the discretion of the collector.
- Thorough hand washing and drying of the hands by the participant before the specimen is collected. Observe and examine the process.
- Participant is given the pre-wrapped specimen kit to observe for tampering. If the kit is observed to be without flaws, the participant opens the outer package for further observation.
- **Mandatory:** Collector puts on latex gloves.
- If the bluing agent is used, put it in the toilet and instruct the participant not to flush until the specimen has been collected.
- The participant is instructed to urinate into the specimen cup until the urine reaches the 30 ML line.
- The collector observes the temperature of the urine via the temperature strip on the cup as well as the collection amount (e.g., at least 30 ML).
- The participant pours the urine from the cup to the bottle, affixing the cap tightly.
- The participant carefully attaches the Security Seal tape by centering it over the specimen bottle cap.
- The participant places the bottle inside the bag. The security tape on this bag will be removed and sealed by the participant.
- Place the first copy of the "Corrections Drug Testing Custody and Control Form" in the front outer pouch of the specimen bag. Give a copy of the form to the participant and the third form is placed in the case manager's file. Store the specimen in the designated refrigerator unless there is immediate courier pick-up.
- Collector records all pertinent information on the "Urinalysis Log."
- No unauthorized person shall handle the specimen at any time.
- STAT pick-up is encouraged when there is suspicion a participant is in an altered state. This process enables you to receive results of a positive or negative within four hours from the PRL after pick-up of the specimen. Procedure for this requests is as follows: 1) affix a STAT sticker to the outside of the Urine Specimen bag; 2) call PRL's Patient Care Services (338-4090), speak to the dispatcher and explain you have a STAT pick-up. Provide your location name, your name, address and telephone number where you will be. ***The STAT pick-up cannot be used if you are unable to be reached by phone during the process.***
- A participant who fails to provide a urine specimen within 45 minutes will have a "stall" recorded on the specimen paperwork. All "stalls" are interpreted as deliberately withholding a urine specimen in order to avoid a positive test result.

Positive results notification will occur within 24 hours after the results are received. The CM/ACW will notify the participant by telephone directly, before a court review or by letter to the last known address. Positive results will also be conveyed to the treatment site.

### **In-House Testing**

Collector will assemble the following items:

- Test stick for desired substance
- Specimen cup
- Latex gloves
- Urinalysis log sheet
- Instruct the client to remove outer garments and set aside along with any other personal items such as backpacks, purses, diaper bags or packages.
- Instruct the client to use soap to wash, rinse and thoroughly dry hands.
- Examine the client's hands and arms for possible adulteration substances.
- Put on latex gloves.
- Remove the large cup from the sealed package and hand it to the client, instructing the client to fill the cup to the 30ML line. This is necessary in the event confirmation is required.
- The UA Specialist or other Court personnel must observe the stream of urine entering the specimen cup. **Under no circumstances should the client be left alone during the collection process.**
- Remove TesTstik from foil pouch.
- Fully retract the protective sample pad cover by sliding it towards the opposite end of the TesTstik until it can go no farther.
- Gently immerse the exposed sample pad into the specimen until the specimen reaches the "Dip Line." **DO NOT immerse the entire device into the specimen.** If there is insufficient sample to reach the required "Dip Line," tip the specimen container until the specimen reaches the "Dip Line." Keep the TesTstik in the specimen for a full count of 5-10 seconds.
- Remove the TesTstik from the specimen and while holding the TesTstik over the specimen, slide the sample pad cover until it stops.
- Allow the test to proceed until a distinct blue band is observed in the "TEST VALID" window. The TesTstik may be placed on a level surface or held while the band is developing. There is no required timing step.
- Once the "TEST VALID" line appears, break off and remove the tab from the sample pad cover which covers the result window.
- Read and record the results on the Urinalysis Log. Appearance of any blue band (dark, light or partial) in the result window depicts a negative result. A white plus (+) sign (absence of any color in the test window) depicts a positive result.



- When the Teststik results are positive, the results need to be confirmed. Follow the procedures as outlined in the previous section regarding processing of samples through the Physician's Reference Laboratory.

The UA Specialist or the Anti Drug DJO who is performing the test will maintain the urinalysis log. The results of the Teststik will be entered in the computer database within two days of the test.

## **SCHEDULE OF TESTING**

Randomness is key. Testing must not be predictable to the client. The UA Specialist for the Family Drug Court will be the primary staff person testing all female clients. CM/ACW will test clients if it is necessary and appropriate for the situation. Anti Drug DJOs will test their clients in Juvenile Drug Court.

Baseline test for all clients.

In patient clients—On suspicion or after weekend passes

Out patient clients—Utilize level system as follows:

**Level I treatment** (daily treatment or 3-4 times per week): 1-2 times per week depending on drug of choice, cooperation, participation in treatment (except for marijuana only use, then test every two – three weeks).

**Level II treatment** (2-3 days of treatment per week): 1 time per week depending on drug of choice, cooperation, participation in treatment (except for marijuana only use, then test every two – three weeks).

**Level III treatment** (1 day of treatment per week): 1 time every other week or 1 time per month depending on drug of choice, cooperation, and participation in treatment.

**Level IV treatment** (treatment completed, participating in community after care): Phase 4 UA: Upon suspicion and 1 time every four to six weeks.

Other issues to consider:

Admission by the client. Document and do not test unless drug of choice has changed (e.g., formerly cocaine and now marijuana).

Submit every third UA for appropriate processing in order to maintain the true randomness of the process.

The randomized telephone system of UA collection consists of the following protocol:

Each client is assigned a number. Sunday through Thursday the UA Specialist randomly selects numbers that are recorded on her telephone shortly before 5:00 PM on those days. The client telephones, listens to the recording and then must appear at Court the next day during the times specified if his/her number is selected. Special arrangements can be made for unusual circumstances or for clients who are employed. Failure to appear without a valid excuse from a physician or employer is noted as a positive

## **STATUS REVIEWS/STAFFINGS**

The FJDC team (Commissioner, CM/ACW, GAL, defense attorney, treatment representative, DFS worker, community or program representative) will meet prior to the review for the purpose of reviewing the participant's progress in treatment and other services, results of urinalysis, level of cooperation and

the welfare of the child(ren). Team members will have an opportunity to present information regarding the participant. The team will then develop a recommendation.

Frequency of hearings: (This is tied directly to the level of treatment)

1<sup>st</sup> Phase: Weekly hearings for four weeks. Thereafter, twice monthly if progressing in treatment.

2<sup>nd</sup> Phase: Twice monthly hearings for 12 weeks to 24 weeks.

3<sup>rd</sup> Phase: Monthly hearing 12 weeks to 24 weeks.

4<sup>th</sup> Phase: Hearing every 4 to 6 weeks for 24 weeks.

If new information is presented by the client during the review process, any team member may request a brief recess to reassess implementing a new recommendation or utilizing the recommendation the team had formulated during the staffing. The purpose of the recess is to insure the team has weighed the new information against the information obtained in the staffing. Changing the team recommendation should be carefully reviewed in order to maintain the team concept. However, the Commissioner is the final decision-maker.

## **SANCTIONS**

Violations of the Court's order, which would include positive urinalysis, failure to attend treatment, no-show at Court hearings, failure to cooperate with home visits by the case manager, missed visits with children unless excuse is honored by the team, or other specific violations will result in a graduated system of sanctions.

- First noncompliance: Reprimand from the bench on most violations. Positive urinalysis will result in an extra day of treatment for an out patient participant.
- Second violation: Participant will increase treatment activity, watch specific educational videos and write one to two page report, write letter to children if parent missed a visit (first reviewed by a therapist), write essays, create art to express emotions, complete community service, sit in Court all day, etc. Return to previous phase of Court hearings.
- Third violation: As above. Also, home detention/electronic monitoring, brief incarceration. Return to previous phase of Court hearings.

## **REWARDS**

Recognition and/or a tangible reward will be offered to clients who are in compliance with the Court order and following the treatment plan. Examples are as follows: verbal recognition from the bench, increased visitation with children, decreased court attendance, certificates for sobriety (e.g., 30 days, 60 days, 90 days, 120 days etc.), grocery or clothing vouchers, tickets or passes to community activities or family related events.

## **TRANSFERRING CASES FROM OTHER DOCKETS**

Cases in other courtrooms may be considered for transfer. A Commissioner or Judge may request consideration by contacting the Prosecutor assigned to the FJDC. The Prosecutor will review the case file. If the case meets the established criteria, the Drug Court Administrator will then determine the clinical eligibility. If there is available space on CM/ACW caseload, the case will be transferred to the FJDC docket. A motion for transfer will be prepared and filed. The Commissioner or Judge requesting

the transfer will prepare the Order. Notice of the transfer will be sent to all appropriate parties and the matter will be set for an initial review in FJDC.

## **TRANSFERRING CASES TO OTHER DOCKETS**

Cases may be transferred to other dockets when the participant is unsuccessful in his/her participation. This could include: no progress over a six month period, a period of 60 days with no meaningful participation with treatment, case manager or FJDC, new charges filed which are not drug related, establishment of abandonment criteria or permanency planning has been initiated. The procedures are as follows:

Recommendation is made by the team. The Attorney for the Juvenile Officer drafts a motion. Within that motion specific statements and dates of lack of cooperation and progress, services recommended and offered etc. Evidentiary hearing is held. Order is entered granting the transfer.

## **GRADUATION REQUIREMENTS**

The FJDC team reviews cases considered for graduation based on the established phase criteria (see phase description in the appendix). If the client has achieved the status of phase four and completed tasks to the satisfaction of the team, the client would then be eligible for graduation at one of four times during the year. The following criteria is standard for the successful participant:

- 12 months minimum in Family Drug Court
- 8 months clean time
- successful discharge from a substance abuse treatment program
- documented consistent attendance at a 12 step aftercare program or community based support program
- stable housing is attained (e.g., transitional or drug-free)
- restitution issues resolved (e.g., Court costs, community service)
- outstanding warrants resolved
- children returned home
- established support system and relapse management plan in place
- life plan initiated and in place (e.g., employment, education, vocational training)

## JUVENILE CASES

### Screening and Eligibility

**A. Screening Process**— (a) Post Dispositional: Juveniles on probation whose continuing substance abuse causes behaviors that jeopardized their probation. (b) Delinquency cases wherein parental substance abuse is a contributing factor in the inability to return a juvenile to the parents' custody or to maintain the juvenile on probation.

### **B. Eligibility—Presumptive Qualifying Characteristics**

- Juvenile is charged with any of the following offenses: Possession or attempt to possess a controlled substance (*excluding* possession of pure methamphetamine, heroin, and/or PCP), fraudulent prescriptions, possession of narcotic paraphernalia, prostitution, non-drug, non-violent crime with indication of drug use.
- Juvenile tests positive for drugs at the time of arrest.
- Juvenile states to the police that he/she is a drug user at the time of arrest.
- Juvenile states to Screening or Detention personnel that he/she is a drug user.
- Juvenile's family, friends, attorney, etc. state that he/she is a drug user.
- Parental substance abuse is a primary factor in the inability to return the juvenile to parental custody or to successfully maintain the juvenile on probation.
- Juvenile is on probation and is at risk of being removed from the community because of continued substance abuse.

### **Disqualifying Characteristics:**

- Juvenile is not a resident of Jackson County, Missouri.
- Juvenile is 16.5 years of age.
- Juvenile has not been adjudicated to have committed one or more of the following acts: (a) Trafficking Drugs; (b) Sale of Controlled Substance within 1,000 feet of School; (c) Manufacture or Attempt to Manufacture Methamphetamine; (d) Possession of Controlled Substance with Intent to Distribute, Deliver or Sell; (e) Murder First or Second Degree; (f) Voluntary or Involuntary Manslaughter; (g) Arson First Degree; (h) Robbery First Degree; (i) Armed Criminal Action; (j) Assault-First or Second –Degree; (k) Felony Weapons Offense; (l) three or more Misdemeanor Weapons Offenses; (m) Forcible or Statutory Rape; (n) Forcible or Statutory Sodomy; (o) Child Sexual Abuse; (p) Arson First Degree or (q) Felony Child Abuse.
- Juvenile has a substantiated hotline for what would be felony child abuse.
- Application has been disapproved by the Program Manager FJDC.

**Intermediate Screening**—A juvenile who meets one of the eligible characteristics will receive a standardized drug assessment protocol administered by Family Court staff. The results of this screening and additional information will be shared with the Drug Court Administrator of FJDC at a case conference. This conference is scheduled to seek approval for transfer to the Legal Unit and confirmation of the past or pending charges. Any Deputy Juvenile Officer (DJO) can request a screening by an Anti-Drug Deputy Juvenile Officer (ADJO). If the Drug Court Administrator approves the case transfer, the

DJO prepares a complaint requesting transfer to the FJDC. There must be reference to the date of the conference with the Administrator included in the complaint.

**Status Reviews/Staffings**—Status reviews will be scheduled on a weekly basis for the first four to six weeks of participation. If the juvenile is cooperating with treatment, testing negative, attending school and/or employed/actively seeking treatment and following the rules of his living arrangement, reviews can be scheduled based on team recommendation. The team, consisting of the commissioner, prosecuting attorney, ADJO, treatment representative, DFS worker, public defender or private legal counsel, and any other community representative working with the juvenile and his/her family, will staff the case prior to the review. Based on the presenting information, a recommendation will be developed by the team.

If new information is presented at the staffing, any team member may request a brief recess to address the impact of the new information on the recommendation formulated by the team. The purpose of the recess and review of information is to insure any change in the recommendation addresses all interests and past history of the juvenile is taken into account. The Commissioner is the final decision-maker.

**Client Packet**—The juvenile will be given a copy of the client packet. The juvenile will review the packet with his/her attorney and indicate an understanding of the process. The juvenile will bring the packet to each Court review. The juvenile will be held accountable for the documentation required in the packet (e.g., urinalysis record).

**Case Management**—If the case meets all the criteria, it is accepted into the FJDC and assigned an ADJO. Charging documents will be prepared (if applicable) and a copy of all documents (e.g., reports from police, drug assessment, DFS history etc.) will be forwarded to the Public Defender. An initial hearing will be held within 72 hours before the assigned Commissioner. At this hearing the Commissioner will further explain the FJDC program and will advise the juvenile that additional assessments will be completed at the substance abuse treatment center following the hearing. A detention hearing will also be held regarding the temporary placement of the juvenile.

The ADJO will make a home visit at least once monthly during the length of participation. The ADJO will make contact in person with the juvenile on a weekly basis during the first 12 weeks of entry into the FJDC. Contact is decreased as the juvenile completes treatment, tests negative during the 12 week phase, attends Court hearings, and complies with other aspects of the Court order (e.g., attends school, secures employment, etc.) If non-compliance occurs, contact will be increased until compliance is achieved.

**Treatment**—The juvenile will participate in a recommended course of substance abuse treatment. Currently Scott Greening Center is the primary treatment resource for juvenile in or out patient treatment. A representative from Scott Greening will be present at staffings to report on the progress of the juvenile. When other treatment providers are involved, that treatment provider will follow the protocol as established with Scott Greening. ADJO will monitor progress regarding treatment. Parents will be asked to participate in treatment if appropriate, as well as submit to urinalyses. Other resources will be offered to families as recommended or requested. *All cases requiring long term placement (e.g., exceeds 30 days) out of home care must be staffed by the Placement Review Committee.*

**Urinalyses**—Refer to the prior section regarding procedures.

Baseline testing on all juveniles. Subsequent testing based on drug of choice, participation in treatment, level of cooperation and suspicion. See the level section.

**Sanctions**—If noncompliance occurs for positive urinalysis, failure to attend treatment or Court reviews, failure to abide by Court orders or new charges filed, sanctions will be occur.

1<sup>st</sup> noncompliance: Verbal reprimand by the Commissioner from the bench.

2<sup>nd</sup> noncompliance: Essay assignment, increased treatment, restricted curfew, community service, video assignment, increased review hearings, increased urinalysis, referral to the Sanctions Program.

3<sup>rd</sup> noncompliance: Brief stay in detention, increased treatment, referral to the Sanctions Program, home detention/electronic monitoring, and transfer out of Drug Court.

**Rewards**—Compliance with treatment, negative analysis, consistent school attendance, following the case plan and other positive choices will result in verbal praise from the bench, certificates of accomplishment (e.g., 30 days sobriety, 60 days sobriety, 90 days sobriety, 120 days sobriety etc.), movie passes, clothing vouchers, sporting events tickets, fast food coupons, etc.

**Case Resolution**—The juvenile component of FJDC may result in successful completion of the probation requirement of their case upon successful completion of the program. In other cases it may be a component of a suspended commitment to the custody of the Division of Youth Services or the Juvenile Officer.

# APPENDIX

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**FAMILY DRUG COURT INITIAL ELIGIBILITY SCREENING**  
**Criminal/Child Dependency Cases**

Parent: \_\_\_\_\_ SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 D.O.B \_\_\_\_\_ Child's Name \_\_\_\_\_  
 Charges: \_\_\_\_\_ Child's Petition Number \_\_\_\_\_

**STEP ONE (PRESUMPTIVE QUALIFYING CHARACTERISTICS):**

**1. Child Dependency Cases**

\_\_\_\_\_ Parent has given birth to a drug exposed infant or the infant has been perinatally exposed to drugs.  
 \_\_\_\_\_ **PLEASE CHECK IF THIS IS THE SECOND OR SUBSEQUENT DRUG EXPOSED INFANT**  
       **Number of prior exposed infants** \_\_\_\_\_ **Mother's Drug of Choice** \_\_\_\_\_  
 \_\_\_\_\_ Parent has neglected/abandoned child and there are allegations of substance abuse.

**2. Criminal Cases**

\_\_\_\_\_ An individual charged with any of the following offenses: Possession or Attempt to Possess a Controlled Substance, Fraudulent Prescriptions, Possession of Narcotic Paraphernalia, Prostitution, Non-drug, non-violent property offenses with indication of drug use, Child Endangerment involving parental substance abuse, excluding operation of meth lab.

**Both Cases:**

\_\_\_\_\_ The individual tests positive for drugs at the time of arrest  
 \_\_\_\_\_ The individual states to the police that he/she is a drug user at time of arrest  
 \_\_\_\_\_ The individual's family, friends, attorney, etc. state that he/she is a drug user

**STEP TWO (DISQUALIFYING CHARACTERISTICS):**

\_\_\_\_\_ The individual is charged with a violent offense, crime against person or displayed a weapon during the offense  
 \_\_\_\_\_ The individual has been convicted of, or charged with, Murder First or Second Degree, Voluntary or Involuntary Manslaughter, Robbery First Degree, ACA, Assault-First or Second Degree, Felony Weapons Offenses (*over two if misdemeanors*), Forcible and Statutory Rape, Forcible and Statutory Sodomy, Child Sexual Abuse, Arson First Degree, Felony Child Abuse  
 \_\_\_\_\_ The individual has another charge pending on which he/she would be deemed ineligible  
 \_\_\_\_\_ The individual has a substantiated hotline for what would be felony child abuse  
 \_\_\_\_\_ The individual is less than 16 years of age.  
 \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ ELIGIBLE FOR CONSIDERATION \_\_\_\_\_ INELIGIBLE FOR CONSIDERATION

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies: Sandra Schrader, Attorney for Juvenile Officer  
 AJO Prosecutor File

Penny Howell, Drug Court Administrator  
 Family & Juvenile Drug Court



### Family Drug Court: Phase Description

Phase	Goals	Expectations	Requirements for Advancement
Phase 1  6 – 12 weeks	Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assessment of children's needs. Assess permanency needs (as necessary). Initial plan to stabilize lifestyle, housing, and employment.	Weekly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness) Cooperate with case manager. Cooperate with UA specialist.	Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.
(If client does not complete Phase 1 within six months, team will consider program termination.)			
Phase 2  3 – 6 months	Continued abstinence. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Assessment of job readiness. Improved parenting skills. Improved interaction with children. Continue or begin other services as recommended (e.g., individual therapy). Assess reunification (if necessary).	Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness). Cooperate with case manager. Cooperate with UA specialist.	Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Team recommendation. No more than two positive UAs. Eight weeks of consecutive clean time.
Phase 3  3 – 6 months	Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. Stable parenting skills. Increased visitation with children. Improved interaction with children. No more than one positive UA. Reunification	Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Increased unsupervised visitation with children. Cooperate with case manager. Cooperate with UA specialist	Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Consistent visitation with children. Compliance with sanctions. Team recommendations. No more than one positive UA.
Phase 4  6 months	Continued abstinence and recovery. Participation in aftercare plan. Established relapse plan. Educational or vocational training and/or employment. Housing secured. Stable parenting skills. Custody of children. Improved interaction with children. No positive UAs. Graduation.	Court appearances as required. Attend community meetings as recommended. Maintain sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with case manager. Cooperate with UA specialist.	Consistent Court appearances. Successful completion of treatment and program plan goals. Custody of children. Housing secured and approved. Income or job verified. Completion of all other graduation requirements. No positive UAs. 8 months consecutive clean time.

### Status Reviews/Staffings

<b>FJDC Team</b>	<b>Commissioner</b> <b>Attorney for the Juvenile Officer</b> <b>Case Manager</b> <b>Defense Attorney</b> <b>Guardian Ad Litem</b> <b>Treatment Representative</b> <b>Community or Program Representative</b> <b>DFS Worker</b>
<b>FJDC Team Responsibilities</b>	<b>Meet prior to status hearing in order to review:</b>  <b>Client's progress in treatment and other services</b> <b>Results of urinalysis</b> <b>Level of cooperation</b> <b>Welfare of children</b>  <b>The team then develops recommendations.</b>
<b>Frequency of Hearings</b>	<b>1<sup>st</sup> Phase: Weekly hearings.</b> <b>2<sup>nd</sup> Phase: Twice monthly.</b> <b>3<sup>rd</sup> Phase: Monthly hearings.</b> <b>4<sup>th</sup> Phase: Hearing every 4 to 6 weeks.</b>
<b>Issues</b>	<b>Any team member can request the client in order for the FJDC team to reassess and potentially modify its recommendation presents a recess in the event new information.</b> <b>Any change to the initial recommendation should be carefully considered in order to maintain team concept.</b> <b>The Commissioner is the final decision-maker.</b>

## Testing Schedule

### Baseline testing on clients

**In-patient testing:** On suspicion or after weekend passes

**Out-patient testing:** As below

<b>Phase 1</b>	<b>UA frequency depends on drug of choice.</b> <b>Marijuana: every 2 – 3 weeks.</b> <b>Other: 1 – 2 times weekly.</b> <b>Dependent on cooperation and participation in treatment.</b>
<b>Phase 2</b>	<b>UA frequency depends on drug of choice.</b> <b>UA frequency depends on results of previous tests.</b> <b>Marijuana: every 2 – 3 weeks.</b> <b>Other: 1 time weekly.</b> <b>Dependent on cooperation and participation in treatment.</b>
<b>Phase 3</b>	<b>UA frequency 1 time every other week to 1 time monthly</b> <b>dependent on drug of choice, cooperation and participation in</b> <b>treatment.</b>
<b>Phase 4</b>	<b>Participating in community aftercare.</b> <b>UA frequency upon suspicion with minimum of 1 time every 4</b> <b>– 6 weeks.</b>

**RANDOMNESS OF TEST TIMING IS KEY—MUST NOT BE PREDICTABLE TO CLIENT.**

**ANY CLIENT WILL BE TESTED UPON SUSPICION.**

### Type of Infractions

**Violation of Court Orders.  
Failure to appear at Court hearing.  
Positive or missed drug test  
Tampering with urine**

**Failure to maintain contact with CM/ACW  
Missed visits with children  
New abuse/neglect substantiated report  
Failure to follow treatment plan**

### Sanctions

**First noncompliance: Reprimand from the bench on most violations. Positive UA will result in an extra day of treatment.**

**Second non compliance: Participant will increase treatment activity, watch specific educational videos, write essays, create art to express emotions, complete community service, sit in Court all day, etc. Return to previous of Court hearings.**

**Third noncompliance: As above with addition of removal or restriction of visitation of children, home detention/electronic monitoring, brief incarceration. Return to previous phase of Court hearing.**

### Incentives

**Incentives are tied directly to maintaining sobriety and attending treatment and/or outside meetings. The process is based on progress within one month. For example, using August 1 as a starting date, if at the end of August 31 a client has attended treatment consistently and maintained negative urinalysis, then the client is eligible for a voucher (e.g., grocery, clothing, movie passes etc.). At the end of six months and graduation, the client's cooperation is evaluated and additional vouchers may be provided if the client meets the criteria re number of negative urinalysis and compliance with treatment.**

# JACKSON COUNTY FAMILY DRUG COURT: STATUS REVIEW INFORMATION SHEET

Client: \_\_\_\_\_

Petition: JV \_\_\_\_\_

- Client fails to appear on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
- A capias will be issued for the minor children.
- Client appears in Court on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Prior to the next Court date, client must accomplish the following tasks:**

- Attend treatment at \_\_\_\_\_.
  - Attend NA/AA meeting \_\_\_\_\_ times per week and provide the Court with proof of attendance.
  - Attend visitation with your children.
  - Attend family counseling with \_\_\_\_\_ on \_\_\_\_\_.
  - Complete a psychological assessment with \_\_\_\_\_.
  - Attend GED classes.
  - Contact Full Employment Council (816/471-2330) regarding employment.
  - Cooperate with urinalysis as requested.
  - Contact your worker \_\_\_\_\_.
  - Complete the following sanctions:
    - 1.
    - 2.
    - 3.
    - 4.
  - Cooperate with any scheduled or unscheduled visits by your case manager.
  - Other:
    - 1.
    - 2.
    - 3.
    - 4.
- Next Court hearing: \_\_\_\_\_

---

Commissioner Merrigan

**PLEASE BRING THIS FORM AND YOUR FOLDER TO THE NEXT COURT HEARING**



CIRCUIT COURT OF JACKSON COUNTY, MISSOURI  
FAMILY COURT DIVISION  
625 EAST 26<sup>TH</sup> STREET  
KANSAS CITY, MISSOURI 64108

Penny E. Howell, LMSW  
Drug Court Administrator, Family & Juvenile Drug Court

(816) 435-4757  
FAX (816) 435-4793

Dear \_\_\_\_\_:

You and your family will be participating in the Family Drug Court Program. This packet will hopefully answer many of your questions and help you make the right decisions as you begin your recovery from alcohol or illicit drugs. This packet contains the FDC rules, a contract you will sign in the presence of your assigned attorney, description of the FDC phases, goals, expectations and requirements for advancement, resources, incentives and sanctions, graduation requirements and a record of your urinalysis. Your Court orders and other official documents should also be kept in this folder for easy reference. You will need to bring this packet to Court with you at each appearance. Keep it in a safe place.

Most participants have various questions about this Program. Your assigned case manager and attorney should be able to answer most of your questions. Your success will be directly related to the choices you make. Change can occur if you are willing to take responsibility for your actions.

This Program is an opportunity for you and your children to have a chance at living a drug-free life. Good luck, and please contact me if you have additional questions.

Sincerely,

Penny Howell, LMSW  
Drug Court Administrator

**NOTICE TO FAMILY DRUG COURT PARTICIPANTS**

You have been selected to participate in the Drug Court Program. This Court's primary focus is to insure the safety and well-being of your child (ren). This program is designed to assist you in overcoming any substance abuse problems which you may have as well as providing other services to enable you to better care for your child(ren). As a result of your participation in this program, you will have certain obligations and responsibilities and will have to follow the orders of the Court:

**YOU WILL BE REQUIRED TO:**

Remain Drug Free.

Tell the truth.

Follow all Court rules and orders.

Attend all Court sessions as ordered.

Follow all rules, regulations and procedures of the North Star Recovery Services or other substance abuse treatment to which the court refers you.

Participate in and cooperate with all assessments, evaluations and treatment programs.

Keep all assessment and treatment appointments.

Submit urine samples for testing upon request.

Cooperate and maintain in contact with your case manager.

The Court has the power to enter orders in your case which, among other things, may:

Remove your children from your custody and place them in an alternative placement;

Order you to participate in treatment which may include both inpatient and/or out-patient programs; or

Restrict or prohibit your contact with your children.

**If you are terminated from the Drug Court Program for lack of participation or for non-compliance, your case will be transferred out of the Drug Court Program and your failure to complete the Drug Court Program may be used against you in any further proceeding including a proceeding to terminate your parental rights.**

**If you are unsuccessfully terminated from the Drug Court Program and you are in the Criminal Diversion Program, you will be prosecuted on the criminal case(s) pending against you.**

You are entitled to legal representation in the Drug Court and if you cannot afford a lawyer one will be appointed for you at no charge;

**I have read and understand the foregoing Notice to Drug Court Participants.**

---

DATE

---

PARTICIPANT'S SIGNATURE

## **CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, DOB \_\_\_\_\_, consent to the release and exchange of information between \_\_\_\_\_, and the Family Drug Court, 16<sup>th</sup> Judicial Circuit, Jackson County Missouri, including its personnel and all members of the Family Drug Court Team, and the Division of Family Services regarding the following information:

***Substance abuse assessment and evaluation, details of my substance abuse treatment plan, results of any urinalyses, details of my compliance, or lack thereof, with my substance abuse treatment plan or other services being provided to me, medical records pertaining to my alcohol and/or drug usage, and all records pertaining to the mental and physical health of myself and my child(ren) under jurisdiction of the Family Court, as well as records pertaining to:***

\_\_\_\_\_.

The purpose of and need for the disclosure is to inform the agencies and personnel listed above of my attendance and progress in treatment and to help in making assessments about what type of treatment I need. The extent of information to be disclosed is any diagnosis, assessment or screening, information about my attendance at treatment sessions, my cooperation and progress with the treatment program and my prognosis.

I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my discharge from the Drug Court Program. I further understand that my revocation of this Consent may result in my immediate termination from Drug Court.

I understand that any disclosure made regarding substance abuse is bound by Part 2 of Title 42 of the Code of Federal Regulation governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Consent Revised (02/18/00)



**Description of Phases, Goals, Expectations and Requirements for Advancement in Family Drug Court**

Phase	Goals	Expectations	Requirements for Advancement
Phase 1 6 – 12 weeks	Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assessment of children's needs. Assess permanency needs (as necessary). Initial plan to stabilize lifestyle, housing, and employment.	Weekly to bimonthly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness) Cooperate with case manager. Cooperate with UA specialist.	Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.
(If client does not complete Phase 1 within six months, team will consider program termination.)			
Phase 2 3 – 6 months	Continued abstinence. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Assessment of job readiness. Improved parenting skills. Improved interaction with children. Continue or begin other services as recommended (e.g., individual therapy). Assess reunification (if necessary).	Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness). Cooperate with case manager. Cooperate with UA specialist.	Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Team recommendation. No more than two positive Uas. Eight weeks of consecutive clean time.
Phase 3 3 – 6 months	Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. Stable parenting skills. Increased visitation with children. Improved interaction with children. No more than one positive UA. Reunification	Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative Uas. Compliance with Court order. Progress with service plan goals. Increased unsupervised visitation with children. Cooperate with case manager. Cooperate with UA specialist	Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Consistent visitation with children. Compliance with sanctions. Team recommendations. No more than one positive UA.
Phase 4 6 months	Continued abstinence and recovery. Participation in aftercare plan. Established relapse plan. Educational or vocational training and/or employment. Housing secured. Stable parenting skills. Custody of children. Improved interaction with children. No positive Uas. Graduation.	Court appearances as required. Attend community meetings as recommended. Maintain sponsor. Negative Uas. Compliance with Court order. Progress with service plan goals. Cooperate with case manager. Cooperate with UA specialist.	Consistent Court appearances. Successful completion of treatment and program plan goals. Custody of children. Housing secured and approved. Income or job verified. Completion of all other graduation requirements. No positive Uas. 8 months consecutive clean time.

## **Family Drug Court**

### **Program Rules**

**As a Family Drug Court participant, you will be required to abide by the following rules:**

**Do not use or possess any drugs or alcohol.** Sobriety is the primary focus of this program. Maintaining a drug free lifestyle is very important in your recovery process. Carefully choose the people with whom you associate.

**Attend all ordered treatment sessions.** This includes individual and group counseling, educational sessions and 12-step meetings. If you are unable to attend a scheduled session, you **MUST** contact your treatment counselor **BEFORE** a session is missed.

**Report to your Case Manager as directed.** If you have any problems making an appointment, contact your case manager immediately. This is especially important for requested urinalysis.

**Be on time.** If you are late, you may not be allowed to attend your counseling session and will be considered non-compliant. Contact your treatment counselor if there is a possibility you may be late.

**Do not make threats toward other participants or staff or behave in a violent manner.** Violent or inappropriate behavior will not be tolerated and will be reported to Court. This may result in termination from the Family Drug Court Program.

**Dress appropriately for Court and treatment sessions.** You will be expected to wear a shirt or blouse, pants, dress, or skirt of a reasonable length. Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use or violence is considered inappropriate. Men should remove hats or other head/hair covering before entering the Court. Sunglasses are not to be worn inside Court or treatment center unless medically approved and verified. Speak with your case manager or treatment contacts if you need assistance with clothing.

**Always tell the truth.** This value will be upheld. Withholding information is the same as a lie. Rebuilding credibility takes a long time after losing it. Please know almost 100% of the lies, which are told, are discovered.

*When in doubt about a rule, consult with your attorney and/or case manager before making a mistake, which has serious consequences.*

### Type of Infractions

**Violation of Court Orders**  
**Failure to appear at Court hearing**  
**Positive or missed drug test**  
**Tampering with urine**

**Failure to maintain contact with CM/ACW**  
**Missed visits with children**  
**New abuse/neglect substantiated report**  
**Failure to follow treatment plan**

### Sanctions

**First noncompliance:** Reprimand from the bench on most violations. Positive UA will result in an extra day of treatment.

**Second non compliance:** Participant will increase treatment activity, watch specific educational videos, write essays, create art to express emotions, complete community service, sit in Court all day, etc. Return to previous of Court hearings.

**Third noncompliance:** As above with addition of removal or restriction of visitation of children, home detention/electronic monitoring, brief incarceration. Return to previous phase of Court hearing.

### Incentives

**You are eligible for incentives such as grocery vouchers, all purpose vouchers, or movie passes if you attend treatment consistently and test negative for drugs or alcohol. Using 30 days as a timeframe, you can earn vouchers based on your progress within that 30 day time period. You can also earn extra vouchers at the end of six months participation in Drug Court and also at graduation if you are in compliance with the incentive policy. Please review this policy with your case manager for more details.**

### Resources

**Treatment:**

North Star Research Recovery	816/931-6500
Renaissance West	816/333-2990
TMC-E Dar Program	816/373-4485, x1440
Comprehensive Mental Health	816/254-3652
Swope Parkway Rehabilitation Center	816/929-2600
TMC-Behavioral Health	816/467-1533
KCCC	816/421-6670
National Council on Alcoholism & Drug Dependence	816/361-5900
Alcoholics Anonymous Area Info	816/471-7229
Narcotics Anonymous Help Line	816/531-2250

**24 Hour Crisis Hotline:**

Child Abuse and Neglect Hotline	1-800-392-3738
Domestic Violence Network	816/995-1000
Homeless Hotline	816/474-4599
Homeless Shelter Hotline	816/474-4599
Mental Health Crisis Line	1-888-279-8188
Rape Crisis Line	816/932-8453

**Other:**

Parents Anonymous Child Abuse Hotline	816/474-4588
MOCSA (Sexual abuse issues)	816/931-4527
Child Care Source	816/573-2273

**Important numbers:**

Case Manager: \_\_\_\_\_

UA Call in line: \_\_\_\_\_

Attorney: \_\_\_\_\_

CSW: \_\_\_\_\_

[illegible][illegible]

## GRADUATION REQUIREMENTS

How do you successfully complete Family Drug Court? The participant must complete the following:

- ☐ 12 months minimum in Family Drug Court
- ☐ 8 months clean time
- ☐ Successful discharge from a substance abuse treatment program
- ☐ Documented consistent attendance at a 12 step aftercare program or community based support program
- ☐ Housing: Transitional living and/or drug free home
- ☐ Restitution issues resolved (e.g., Court costs, community service)
- ☐ Resolve outstanding warrants
- ☐ Children returned home
- ☐ Established support system
- ☐ Life plan initiated (e.g., employment, education, vocational training)

Graduation can occur at various times throughout the year, but will usually be scheduled on a quarterly basis (January, April, July and November). It will be a time of recognition for you in choosing sobriety. As you complete the requirements, check each box. If a requirement does not apply to you, mark NA through the box.

**YOUR PROJECTED GRADUATION DATE IS:** \_\_\_\_\_

# JUVENILE DRUG COURT INITIAL ELIGIBILITY SCREENING

Juvenile's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Petition #: \_\_\_\_\_ Life #: \_\_\_\_\_

## STEP ONE (PRESUMPTIVE QUALIFYING CHARACTERISTICS):

\_\_\_\_\_ Juvenile is charged with any of the following offenses:

Possession or Attempt to Possess a Controlled Substance (*excluding possession of pure methamphetamine, heroin, and/or PCP*)

Fraudulent Prescriptions

Possession of Narcotic Paraphernalia

Prostitution

Non-drug, non-violent crime with indication of drug use

\_\_\_\_\_ The juvenile tests positive for drugs at the time of arrest

\_\_\_\_\_ The juvenile states to the police that he/she is a drug user at time of arrest

\_\_\_\_\_ The juvenile states to Screening or Detention personnel that he is a drug user

\_\_\_\_\_ The juvenile's family, friends, attorney, etc. state that he/she is a drug user

\_\_\_\_\_ Parental Substance abuse is a primary factor in the inability to return the juvenile to parental custody or to successfully maintain the juvenile on probation

\_\_\_\_\_ Juvenile is on probation and is at risk of being removed from the community because of continued substance abuse

## STEP TWO (DISQUALIFYING CHARACTERISTICS):

\_\_\_\_\_ The juvenile is not a resident of Jackson County, Missouri

\_\_\_\_\_ The juvenile is 16.5 or more years of age

\_\_\_\_\_ The juvenile has been adjudicated to have committed one or more of the following acts:

(a) Trafficking Drugs; (b) Sale of Controlled Substance within 1,000 Feet of a School;

(c) Manufacture or Attempt to Manufacture Methamphetamine; (d) Possession of Controlled Substance with Intent to Distribute, Deliver or Sell; (e) Murder First or Second Degree;

(f) Voluntary or Involuntary Manslaughter; (g) Arson - First Degree; (h) Robbery First Degree;

(i) Armed Criminal Action; (j) Assault-First or Second Degree; (k) a Felony Weapons Offense;

(l) three or more Misdemeanor Weapons Offenses; (m) Forcible or Statutory Rape; (n) Forcible or

Statutory Sodomy; (o) Child Sexual Abuse; (p) Arson First Degree; or (q) Felony Child Abuse

\_\_\_\_\_ The juvenile has a substantiated hotline for what would be felony child abuse

\_\_\_\_\_ The application has been disapproved by the Program Manager, Family and Juvenile Drug Court.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **ELIGIBLE FOR CONSIDERATION**      \_\_\_\_\_ **INELIGIBLE FOR CONSIDERATION**

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: Daniel Barry, Attorney for Juvenile Officer  
AJO Prosecutor's File

Original: Penny Howell, Drug Court Administrator  
Family & Juvenile Drug Court

### Juvenile Drug Court Phase Description

Phase	Goals	Expectations	Requirements for Advancement
Phase 1  6 – 12 weeks	Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assess permanency needs (as necessary). Initial plan to stabilize lifestyle education, housing, and employment.	Weekly to Bimonthly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Progress with treatment and program plan goals. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.
(If client does not complete Phase 1 within six months, team will consider program termination.)			
Phase 2  3 – 6 months	Continued abstinence. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Continue or begin other services as recommended (e.g., individual therapy).	Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Progress with treatment and program plan goals. Compliance with sanctions. Team recommendation. No more than two positive UAs. Eight weeks of consecutive clean time.
Phase 3  3 – 6 months	Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. No more than one positive UA.	Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Compliance with sanctions. Team recommendations. No more than one positive UA.
Phase 4  6 months	Continued abstinence and recovery. Participation in aftercare plan. Established relapse plan. Educational or vocational training and/or employment. Housing secured. No positive UAs. Graduation.	Court appearances as required. Attend community meetings as recommended. Maintain sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Successful completion of treatment and program plan goals. Housing secured and approved. Education, income or job verified. Completion of all other graduation requirements. No positive UAs. 6 months consecutive clean time.



### Juvenile Drug Court Status Reviews/Staffings

<b>FJDC Team</b>	<b>Commissioner</b> <b>Attorney for the Juvenile Officer</b> <b>Deputy Juvenile Officer</b> <b>Defense Attorney</b> <b>Guardian Ad Litem</b> <b>Treatment Representative</b> <b>Community or Program Representative</b> <b>DFS Worker</b>
<b>FJDC Team Responsibilities</b>	<b>Meet prior to status hearing in order to review:</b>  <b>Client's progress in treatment and other services</b> <b>Results of urinalysis</b> <b>Level of cooperation</b>  <b>The team then develops recommendations.</b>
<b>Frequency of Hearings</b>	<b>1<sup>st</sup> Phase: Weekly hearings.</b> <b>2<sup>nd</sup> Phase: Twice monthly.</b> <b>3<sup>rd</sup> Phase: Monthly hearings.</b> <b>4<sup>th</sup> Phase: Hearing every 4 to 6 weeks.</b>
<b>Issues</b>	<b>Any team member can request a recess in order for the FJDC team to reassess and potentially modify its recommendation in the event new information is presented at the review hearing. Any change to the initial recommendation should be carefully considered in order to maintain team concept.</b> <b>The Commissioner is the final decision-maker.</b>

### Testing Schedule

**Baseline testing on clients**

**In-patient testing: On suspicion or after weekend passes**

**Out-patient testing: As below**

<b>Phase 1</b>	<b>UA frequency depends on drug of choice.</b> <b>Marijuana: every 2 – 3 weeks.</b> <b>Other: 1 – 2 times weekly.</b> <b>Dependent on cooperation and participation in treatment.</b>
<b>Phase 2</b>	<b>UA frequency depends on drug of choice.</b> <b>UA frequency depends on results of previous tests.</b> <b>Marijuana: every 2 – 3 weeks.</b> <b>Other: 1 time weekly.</b> <b>Dependent on cooperation and participation in treatment.</b>
<b>Phase 3</b>	<b>UA frequency 1 time every other week to 1 time monthly</b> <b>dependent on drug of choice, cooperation and participation in</b> <b>treatment.</b>
<b>Phase 4</b>	<b>Participating in community aftercare.</b> <b>UA frequency upon suspicion with minimum of 1 time every 4</b> <b>– 6 weeks.</b>

### Type of Infractions

**Violation of Court Orders.  
Failure to appear at Court hearing.  
Tampering with urine.**

**Failure to maintain contact with DJO.  
Positive or missed drug test.  
Failure to follow treatment plan.**

### Sanctions

**First noncompliance: Reprimand from the bench on most violations. Positive UA will result in an extra day of treatment.**

**Second noncompliance: Participant will increase treatment activity, watch specific educational videos, write essays, create art to express emotions, complete community service, sit in Court all day, etc. Return to previous of Court hearings.**

**Third noncompliance: As above and or home detention/electronic monitoring, brief incarceration. Return to previous phase of Court hearing.**

### Incentives

**Incentives are tied directly to maintaining sobriety and attending treatment and/or outside meetings. The process is based on progress within one month. For example, using August 1 as an example, if at the end of August 31, a client has attended treatment consistently and maintained clean UAs, then the client is eligible for vouchers (e.g., grocery, clothing, movie passes etc.). At the end of six months and graduation, the client's cooperation is evaluated and additional vouchers may be provided if the client meets the criteria. Please talk to your case manager regarding the specifics.**

# **JACKSON COUNTY JUVENILE DRUG COURT**

## **STATUS REVIEW INFORMATION SHEET**

**Client:** \_\_\_\_\_ **Petition: JV** \_\_\_\_\_

- ☐ **Client fails to appear.**
- ☐ **A capias will be issued for the juvenile.**
- ☐ **Client appears in Court on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

**Prior to the next Court date, client must accomplish the following tasks:**

- ☐ **Attend treatment at \_\_\_\_\_.**
- ☐ **Attend NA/AA meetings \_\_\_\_\_ times per week and provide the Court with proof of attendance.**
- ☐ **Attend counseling with \_\_\_\_\_ on \_\_\_\_\_.**
- ☐ **Complete a psychological assessment with \_\_\_\_\_.**
- ☐ **Attend GED classes.**
- ☐ **Attend school regularly at \_\_\_\_\_.**
- ☐ **Contact \_\_\_\_\_ regarding employment.**
- ☐ **Cooperate with urinalysis as requested.**
- ☐ **Contact your DJO \_\_\_\_\_.**
- ☐ **Complete the following sanctions:**

**Other:**

**Next Court hearing:** \_\_\_\_\_

**Commissioner Merrigan** \_\_\_\_\_

**BRING THIS FORM AND YOUR FOLDER TO THE NEXT COURT HEARING**



CIRCUIT COURT OF JACKSON COUNTY, MISSOURI  
FAMILY COURT DIVISION  
625 EAST 26<sup>TH</sup> STREET  
KANSAS CITY, MISSOURI 64108

Penny E. Howell, LMSW  
Drug Court Administrator, Family & Juvenile Drug Court

(816) 435-4757  
FAX (816) 435-4793

Dear \_\_\_\_\_:

You and your family will be participating in the Juvenile Drug Court Program. This packet will hopefully answer many of your questions and help you make the right decisions as you begin your recovery from alcohol or illicit drugs. This packet contains the Juvenile Drug Court rules, a contract you will sign in the presence of your assigned attorney, resources, graduation requirements and a record of your urinalysis. Your Court orders and other official documents should also be kept in this folder for easy reference. You will need to bring this packet to Court with you at each appearance. Keep it in a safe place.

Most participants have various questions about this Program. Your assigned Deputy Juvenile Officer and attorney should be able to answer most of your questions. Your success will be directly related to the choices you make. Change can occur if you are willing to take responsibility for your actions.

This Program is an opportunity for you and your family to have a chance living a drug-free life. Good luck, and please contact me if you have additional questions.

Sincerely,

Penny Howell, LMSW  
Drug Court Administrator

## Juvenile Drug Court Program Rules

**As a Juvenile Drug Court participant, you will be required to abide by the following rules:**

**Do not use or possess any drugs or alcohol.** Sobriety is the primary focus of this program. Maintaining a drug free lifestyle is very important in your recovery process. Carefully choose the people with whom you associate.

**Attend all ordered treatment sessions.** This includes individual and group counseling, educational sessions and 12-step meetings. If you are unable to attend a scheduled session, you **MUST** contact your treatment counselor **BEFORE** a session is missed.

**Report to your DJO as directed.** If you have any problems making an appointment, contact your DJO immediately. This is especially important for requested urinalysis.

**Be on time.** If you are late, you may not be allowed to attend your counseling session and will be considered non-compliant. Contact your treatment counselor if there is a possibility you may be late.

**Do not make threats toward other participants or staff or behavior in a violent manner.** Violent or inappropriate behavior will not be tolerated and will be reported to Court. This may result in termination from the Juvenile Drug Court Program.

**Dress appropriately for Court and treatment sessions.** You will be expected to wear a shirt or blouse, pants (no “sagging or bagging”), dress, or skirt of a reasonable length. Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use or violence is considered inappropriate. Males should remove hats or other head/hair covering before entering the Court. Sunglasses are not to be worn inside Court or treatment center unless medically approved and verified. Speak with your DJO or treatment contacts if you need assistance with clothing.

**Always tell the truth.** This value will be upheld. *Withholding information is the same as a lie.* Rebuilding credibility takes a long time after losing it. Please know almost 100% of the lies, which are told, are discovered.

**When in doubt about a rule, consult with your attorney and/or DJO before making a mistake, which has serious consequences.**

## Juvenile Drug Court Client Contract

In the Interest of :

Petition\_\_\_\_\_

Life No.\_\_\_\_\_

I, \_\_\_\_\_, know that the Court has placed me under probation/supervision. **I FULLY UNDERSTAND THAT FAILURE TO FOLLOW THE CONDITIONS OR PAY THE FINES, COSTS, AND AMOUNTS LISTED MAY RESULT IN A RETURN TO COURT AND REMOVAL FROM MY HOME AND MAY SUBJECT ME TO SECURE DETENTION.** I, therefore, accept the responsibility of helping myself, my family, my school, and my community by doing the following.

1. I will attend school and all classes daily and obey all school rules. If I am suspended, I will remain home except for a doctor's appointment. I will report my appointment to my DJO immediately.
2. I will live with \_\_\_\_\_ and obey home rules. I will not leave home without permission. I will obey curfew as directed by my parent(s)/guardian and my DJO.
3. If the court permits me to withdraw from school, I will present proof of employment and/or enrollment in GED or Job Corps.
4. I will not violate the laws of the State of Missouri, federal statutes, municipal ordinances, or the laws of any other state.
5. I will not use or possess restricted drugs including alcohol or drug related equipment or associate with persons involved with drugs. I will take urine and/or breath tests for drug usage as directed by my DJO. Refusal to take the test will result in positive results.
6. I will not possess or use weapons of any description including imitations of weapons, and weapons prohibited by law such as firearms, knives, and explosive devices of any kind. I will also not associate with anyone who possesses or uses these weapons.
7. It is my responsibility to know with whom I am associating. I will not associate with any person who is not approved by my parent/guardian or DJO.
8. I will not enter or remain in any vehicle as passenger or driver, which I know, have reason to know, or have reason to suspect is stolen.
9. I will report to my DJO in person and keep any other appointments as directed. Only my DJO may excuse my attendance at meetings and appointments.
10. I will not change my residence, phone number or school without first notifying my DJO. I will not visit for an extended time or move to another county or state without Court permission.
11. Special conditions:

**PARENT/GUARDIAN: I agree to cooperate with the Court by seeing that my child obeys the above rules. I will report any violations to the DJO immediately and not withhold any related information.**

Juvenile	Date	Parent	Date
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Deputy Juvenile Officer	Date	Parent	Date
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## **CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, DOB \_\_\_\_\_, consent to the release and exchange of information between \_\_\_\_\_, and the Juvenile Drug Court, including its personnel and all members of the Juvenile Drug Court Team, and/or the Division of Family Services regarding the following information:

***Substance abuse assessment and evaluation, details of my substance abuse treatment plan, results of any urinalyses, details of my compliance, or lack thereof, with my substance abuse treatment plan or other services being provided to me, medical records pertaining to my alcohol and/or drug usage, and all records pertaining to the mental and physical health of myself and any child(ren) under jurisdiction of the Family Court 16<sup>th</sup> Judicial Circuit of Jackson County Missouri, as well as records pertaining to:***  
\_\_\_\_\_.

The purpose of and need for the disclosure is to inform the agencies and personnel listed above of my attendance and progress in treatment and to help in making assessments about what type of treatment I need. The extent of information to be disclosed is any diagnosis, assessment or screening, information about my attendance at treatment sessions, my cooperation and progress with the treatment program and my prognosis.

I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my discharge from the Drug Court Program. I further understand that my revocation of this Consent may result in my immediate termination from Drug Court.

I understand that any disclosure made regarding substance abuse is bound by Part 2 of Title 42 of the Code of Federal Regulation governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



**Juvenile Drug Court**  
**Goals, Expectations and Requirements for Advancement to Graduation**

Phase	Goals	Expectations	Requirements for Advancement
Phase 1 6 – 12 weeks	Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assess permanency needs (as necessary). Initial plan to stabilize lifestyle education, housing, and employment.	Weekly to bimonthly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Progress with treatment and program plan goals. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.
Phase 2 3 – 6 months	Continued abstinence. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Continue or begin other services as recommended (e.g., individual therapy).	Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Progress with treatment and program plan goals. Compliance with sanctions. Team recommendation. No more than two positive UAs. Eight weeks of consecutive clean time.
Phase 3 3 – 6 months	Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. No more than one positive UA.	Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Compliance with sanctions. Team recommendations. No more than one positive UA.
Phase 4 6 months	Continued abstinence and recovery. Participation in aftercare plan. Established relapse plan. Educational or vocational training and/or employment. Housing secured. No positive UAs. Graduation.	Court appearances as required. Attend community meetings as recommended. Maintain sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with DJO. Cooperate with UA requests.	Consistent Court appearances. Successful completion of treatment and program plan goals. Housing secured and approved. Education, income or job verified. Completion of all other graduation requirements. No positive UAs. 6 months consecutive clean time.

## Resources

### Treatment:

Scott Greening Center	816/474-7677
Marillac	816/508-3339
C-Star	816/254-3652
National Council on Alcoholism & Drug Dependence	816/361-5900
Alcoholics Anonymous Area Info	816/471-7229
Narcotics Anonymous Help Line	816/531-2250

### 24 Hour Crisis Hotline:

Child Abuse and Neglect Hotline	1-800-392-3738
Domestic Violence Network	816/995-1000
Homeless Hotline	816/474-4599
Homeless Shelter Hotline	816/474-4599
Mental Health Crisis Line	1-888-279-8188
Rape Crisis Line	816/932-8453
Suicide Prevention	816/471-3939
Teen Connection Hotline	913/281-2299

### Other:

My DJO is: \_\_\_\_\_

MOCSA (Sexual abuse issues)	816/931-4527
Unwed Mothers	
Light House	816/361-2233
Mother's Refuge	816/353-8070

### Important numbers:

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### Type of Infractions

**Violation of Court Orders.  
Failure to appear at Court hearing.  
Tampering with urine.**

**Failure to maintain contact with DJO.  
Positive or missed drug test.  
Failure to follow treatment plan.**

### Sanctions

**First noncompliance: Reprimand from the bench on most violations. Positive UA will result in an extra day of treatment.  
Second noncompliance: Participant will increase treatment activity, watch specific educational Third noncompliance: As above and or home detention/electronic monitoring, brief incarceration. Return to previous phase of Court hearing.**

### Incentives

**Incentives are tied directly to maintaining sobriety and attending treatment and/or outside meetings. The process is based on progress within one month. For example, using August 1 as an example, if at the end of August 31, a client has attended treatment consistently and maintained clean UAs, then the client is eligible for vouchers (e.g., grocery, clothing, movie passes etc.). At the end of six months and graduation, the client's cooperation is evaluated and additional vouchers may be provided if the client meets the criteria. Please talk to your case manager regarding the specifics.**

## **GRADUATION REQUIREMENTS**

How do you successfully complete Juvenile Drug Court? The participant must complete the following:

- ☐ 6 months minimum and 12 months maximum in Juvenile Drug Court
- ☐ 90 days clean time after completion of treatment
- ☐ Successful discharge from a substance abuse treatment program
- ☐ Housing: Transitional living and/or drug free home
- ☐ Restitution issues resolved (e.g., Court costs, community service)
- ☐ Established support system
- ☐ Life plan initiated (e.g., employment, education, vocational training)

Graduation can occur at various times throughout the year, but will usually be scheduled during January, April, July and/or November. It will be a time of recognition for you in choosing sobriety. As you complete the requirements, check each box. If a requirement does not apply to you, mark NA through the box.

**YOUR PROJECTED GRADUATION DATE IS:** \_\_\_\_\_

**LIFE WILL ALWAYS BE A SERIES OF CHOICES  
BRINGING CONSEQUENCES.**

**YOUR DECISION WILL BRING YOU A  
BLESSING OR A CURSE.**

**IT IS ALWAYS UP TO YOU.**